

**ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE  
COMPACT ON THE PLACEMENT OF CHILDREN**

ICPC-102  
August 1996

**RECEIVING STATE'S  
PRIORITY HOME STUDY REQUEST**  
(Each section must be completed)

Name of Child<sup>1</sup> to be placed \_\_\_\_\_ Age \_\_\_\_\_ Sending State \_\_\_\_\_  
Ethnic Group \_\_\_\_\_ DOB \_\_\_\_\_

Dates of telephone contact \_\_\_\_\_ Dates of Home Visits \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED CARETAKER/SPOUSE**

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address \_\_\_\_\_ Tel. #s (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

Marital Status: M S Sep. D W Living With: Name \_\_\_\_\_  
(circle one)

Caretaker/Spouse: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**YOU MUST SUBMIT INCOME VERIFICATION.**

Income: \$ \_\_\_\_\_ yearly \_\_\_\_\_ monthly \_\_\_\_\_ bi-weekly \_\_\_\_\_ weekly  
(circle one)

Head of Household: \_\_\_\_\_ (Name on rent receipts, utility bills, etc.)

Number of Members in Household: \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Length of relationship (if not marital): \_\_\_\_\_

Relationship of proposed caretaker to child: \_\_\_\_\_

Reason for wanting to care for children: \_\_\_\_\_

<sup>1</sup> If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.

How did you hear about child's situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you understand the situation that caused this request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ability to protect child from offender: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willingness to provide care (Time-limited?) (Open-ended?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appropriateness of child care plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forms of discipline \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is present income adequate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willingness (ability) to care for child without financial help: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Willingness to accept/apply for AFDC?      Yes \_\_\_\_\_      No \_\_\_\_\_

Requests Foster Care benefits?      Yes \_\_\_\_\_      No \_\_\_\_\_

Willingness to undergo licensure?      Yes \_\_\_\_\_      No \_\_\_\_\_

**SPECIAL NEEDS**

Ability of caretaker, community, schools to meet child/ren's special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER ADULTS IN HOUSEHOLD** (List separately/Use additional sheet to list household members if needed)

Name: \_\_\_\_\_ Age: \_\_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Relationship to child to be placed: \_\_\_\_\_

Attitude towards placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER CHILDREN IN HOUSEHOLD** (List separately)

Name: \_\_\_\_\_ Age: \_\_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Relationship to child to be placed: \_\_\_\_\_

Attitude towards placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School progress/problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous contacts with Public/Social Service Agencies: \_\_\_\_\_

**CLEARANCES** (in accordance with receiving state law)

Law Enforcement/child abuse and neglect clearances for all household members who have reached the age of majority.

Police: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Abuse and neglect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family known to Public/Social Services Agencies (if yes, please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH**

Proposed caretaker and other family members state that they are in basic, good health & free of communicable diseases:

Yes \_\_\_\_\_ No \_\_\_\_\_

**HOME and COMMUNITY**

Adequacy of space:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the child have his/her own bed?

yes      no  
(circle one)

Closet Space?

yes      no  
(circle one)

Will the child share a bedroom?

yes      no  
(circle one)

(if yes, list names[s] below)

With whom? \_\_\_\_\_

\_\_\_\_\_

Housekeeping Standards: \_\_\_\_\_

Viewed potential hazards, safety problems (please specify):

Appropriateness of neighborhood:

Proximity to schools, medical services, etc.:

**AREA OF CONCERN**

Did you visualize or anticipate any potential problem areas with this case (explain)?

**CASE PLAN FROM SENDING STATE**

Is the submitted case plan suitable/adequate for this proposed placement?

yes      no (if no, explain below)  
(circle one)

Do you have any recommended changes in the case plan or goal?

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency? \_\_\_\_\_

Financial/Medical Plan from Sending State: is it adequate for this child?      yes      no (if no, explain below)  
(circle one)

**STUDY NARRATIVE**

Discuss any areas which cannot be addressed by this abbreviated study. Please expand or expound on any area which needs clarification. \_\_\_\_\_

Workers Recommendations:      For Placement \_\_\_\_\_      Against Placement \_\_\_\_\_  
(explain below)

Comments (if appropriate): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please list conditions, if any, for placement to occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Worker: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
(please print) (please print)

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.# \_\_\_\_\_ Tel.# \_\_\_\_\_

REFERENCES

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_  
(work) \_\_\_\_\_

Made Contact      Positive      Negative  
   (please explain  
   below)

☐      ☐      ☐      ☐  
(yes)      (no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_  
(work) \_\_\_\_\_

☐      ☐      ☐      ☐  
(yes)      (no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_  
(work) \_\_\_\_\_

☐      ☐      ☐      ☐  
(yes)      (no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_